

<b>AMBULATORY STATUS</b> (this person is <input type="checkbox"/> ambulatory <input type="checkbox"/> nonambulatory)			
Ambulatory means able to demonstrate the mental and physical ability to leave a building without the assistance of a person or the use of a mechanical device other than a cane. An ambulatory person must be able to do the following:			
<b>YES</b>	<b>NO</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Able to walk without any physical assistance (e.g., walker, crutches, other person), or able to walk with a cane	
<input type="checkbox"/>	<input type="checkbox"/>	Mentally and physically able to follow signals and instructions for evacuation.	
<input type="checkbox"/>	<input type="checkbox"/>	Able to use evacuation routes including stairs if necessary.	
<input type="checkbox"/>	<input type="checkbox"/>	Able to evacuate reasonably quickly (e.g., walk directly the route without hesitation).	
<b>FUNCTIONAL CAPABILITIES</b> (Check all items below)			
<b>YES</b>	<b>NO</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Active, requires no personal help of any kind – able to go up and down stairs easily	
<input type="checkbox"/>	<input type="checkbox"/>	Active, but has difficulty climbing or descending stairs	
<input type="checkbox"/>	<input type="checkbox"/>	Uses brace or crutch	
<input type="checkbox"/>	<input type="checkbox"/>	Frail or slow	
<input type="checkbox"/>	<input type="checkbox"/>	Uses walker. If Yes, can get in and out unassisted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Uses wheelchair. If Yes, can get in and out unassisted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Requires grab bars in bathroom	
<input type="checkbox"/>	<input type="checkbox"/>	Other: (Describe) _____	
<b>SERVICES NEEDED</b> (Check items and explain)			
<b>YES</b>	<b>NO</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Help in transferring in and out of bed/turning in bed or chair (specify) _____	
<input type="checkbox"/>	<input type="checkbox"/>	Help with bathing _____	
<input type="checkbox"/>	<input type="checkbox"/>	Help with dressing, hair care, and personal hygiene (specify) _____	
<input type="checkbox"/>	<input type="checkbox"/>	Does prospective resident desire and is he/she capable of doing own personal laundry and other household tasks? (specify) _____	
<input type="checkbox"/>	<input type="checkbox"/>	Help with moving about the facility _____	
<input type="checkbox"/>	<input type="checkbox"/>	Help with eating (need for adaptive devices or assistance from another person) _____	
<input type="checkbox"/>	<input type="checkbox"/>	Special diet/observation of food intake _____	
<input type="checkbox"/>	<input type="checkbox"/>	Toileting, including assistance equipment, or assistance of another person (specify) _____	
<input type="checkbox"/>	<input type="checkbox"/>	Continence, bowel and bladder control. Are assistive devices such as a catheter required? _____	
<input type="checkbox"/>	<input type="checkbox"/>	Help with medication _____	
<input type="checkbox"/>	<input type="checkbox"/>	Needs special observation/night supervision (due to confusion, forgetfulness, wandering) _____	
<input type="checkbox"/>	<input type="checkbox"/>	Help in managing own cash resources _____	
<input type="checkbox"/>	<input type="checkbox"/>	Help in participating in activity programs _____	
<input type="checkbox"/>	<input type="checkbox"/>	Special medical attention _____	
<input type="checkbox"/>	<input type="checkbox"/>	Assistance in incidental health and medical care _____	
<input type="checkbox"/>	<input type="checkbox"/>	Other "Services Needed" not identified above _____	
Is there any additional information which would assist the facility in determining applicant's suitability for admission? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach comments on separate sheet.			
<b>To the best of my knowledge: I (the above person) do not need skilled nursing care.</b>			
SIGNATURE OF APPLICANT OR RESPONSIBLE PERSON			DATE COMPLETED
APPLICANT (CLIENT) OR AUTHORIZED REPRESENTATIVE			
SIGNATURE			DATE COMPLETED
LICENSEE OR DESIGNATED REPRESENTATIVE			DATE COMPLETED

